

APPLICATION INFORMATION AND INSTRUCTIONS FOR VA FORM 21-0304

IMPORTANT - Please read information and instructions before completing attached application

**Children of Women Vietnam Veterans Born with Certain Birth Defects -
38 U.S.C. 1815**

This section of the law authorizes the payment of monetary benefits to, or on behalf of, certain children of female veterans who served in Vietnam. Benefits are payable to qualifying children, or on their behalf, beginning December 1, 2001. There are three eligibility requirements. To be eligible, the child must:

- be the biological child of a woman veteran who served in the Republic of Vietnam (RVN),
- have been conceived after the date the veteran first served in the RVN during the period 2/28/61 to 5/7/75, **and**
- have certain birth defects identified by the Secretary of Veterans Affairs as resulting in permanent physical or mental disability

The law does not include conditions that are:

- a familial disorder
- a birth-related injury, or
- a fetal or neonatal infirmity with well-established causes.

Completion of VA Form 21-0304, Application For Benefits For Certain Children Of Vietnam Veterans With Disabilities, is required.

Effective Date: The effective date is December 1, 2001

Spina Bifida Benefits Eligibility - 38 U.S.C. 1805

There are three basic eligibility requirements:

1. The parent(s) of a spina bifida child-claimant must have performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era. For these benefits, the Vietnam era is defined as beginning 1/9/62 and ending 5/7/75.
2. The child must be the natural child of the Vietnam veteran, regardless of age or marital status, who was conceived after the date on which the veteran first entered the Republic of Vietnam during the Vietnam era. The term "natural child" means a biological child and excludes the notion of deriving entitlement from adoptive parents. Only a biological parent of an adopted child could make the child eligible.
3. Spina Bifida benefits are payable for all types of spina bifida except spina bifida occulta. The diagnosis may be established by private physicians, or government or private institution examination reports.

Possible Entitlement: The law does not allow payment of both benefits at the same time. If entitlement exists under both laws, benefits will be paid under 38 U.S.C. 1815.

Health Coverage: The law allows health care covering the defects or any disability associated with the birth defects. This care may be provided directly or by contract.

Vocational Rehabilitation: If achievement of a vocational goal is reasonably feasible, a program of vocational training provided by VA's Vocational Rehabilitation and Employment Service is available to an eligible child.

Monetary Allowance: The law includes levels of monetary allowance, each based on the level of disability of the eligible child.



Department of Veterans Affairs

**APPLICATION FOR BENEFITS FOR CERTAIN CHILDREN WITH
DISABILITIES BORN OF VIETNAM VETERANS**

PRIVACY ACT INFORMATION: The social security number and other information on this form is requested under 38 U.S.C. chapter 18, which provides benefits to certain children of Vietnam Veterans with disabilities. Any information on this form may be disclosed outside VA only if authorized under 38 U.S.C. 5701 and the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Routine disclosures may be made for the following purposes: Debt collection, civil or criminal law enforcement, communications with members of Congress or other representatives, benefits delivery, administration of programs, and personnel administration. Disclosure of the social security numbers for the child and the Vietnam veteran parent is mandatory. Disclosure of other requested information is voluntary; however, failure to furnish that information would impose administrative difficulties which may result in a delay in processing your application for benefits.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

1. NAME OF CLAIMANT - CHILD <i>(First, middle, last)</i>		2. SOCIAL SECURITY NUMBER OF CLAIMANT - CHILD <i>(If available)</i>	
3. CLAIMANT - CHILD'S DATE OF BIRTH <i>(Mo., day, yr.)</i>		4. CLAIMANT - CHILD'S PLACE OF BIRTH <i>(City and State)</i>	
5. ADDRESS OF CLAIMANT - CHILD <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>			
6. TELEPHONE NUMBER OF CLAIMANT - CHILD <i>(Include Area Code)</i> ()			
7. NAME(S) OF NATURAL PARENT(S) <i>(Please provide information for both)</i>			
A. FATHER <i>(First, middle, last)</i>		B. MOTHER <i>(First, middle, last)</i>	
8. ADDRESS, TELEPHONE NUMBER AND VETERAN STATUS OF NATURAL PARENT(S)			
A. FATHER <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>		B. MOTHER <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>	
C. VIETNAM SERVICE? YES NO <i>(If "Yes," provide dates in 8e)</i>		D. VIETNAM SERVICE? YES NO <i>(If "Yes," provide dates in 8f)</i>	
E. PLEASE PROVIDE THE DATES THAT CHILD'S FATHER WAS IN VIETNAM		F. PLEASE PROVIDE THE DATES THAT CHILD'S MOTHER WAS IN VIETNAM	
FROM	TO	FROM	TO
9. SOCIAL SECURITY NUMBER(S) OF NATURAL PARENT(S)			
A. FATHER		B. MOTHER	
10. VA CLAIM NUMBER(S) OF NATURAL PARENT(S) <i>(If veteran previously applied to VA for any benefit)</i>			
A. FATHER		B. MOTHER	

11. IF CHILD IS UNDER AGE 18 WHO HAS CUSTODY, IF OTHER THAN NATURAL PARENT? (Complete Items 11A, 11B & 11C)		
A. NAME OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD	B. RELATIONSHIP TO CHILD <input type="checkbox"/> ADOPTIVE PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify) _____	C. ADDRESS OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD
12A. IF CLAIMANT-CHILD IS AGE 18 OR OLDER HAS THE CLAIMANT-CHILD BEEN DECLARED INCOMPETENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 12B and 12C)		
12B. NAME AND ADDRESS OF THE COURT WHICH MADE THE FINDING OF INCOMPETENCY?		12C. NAME AND ADDRESS OF GUARDIAN
13. DISABILITIES CLAIMED		
14. NAME AND ADDRESS OF PRIMARY HEALTH CARE PROVIDER FOR THE CLAIMANT		
15A. NAME AND PLACE FIRST DIAGNOSED		15B. DATE FIRST DIAGNOSED
16A. NAME(S) AND PLACE(S) OF MOST RECENT TREATMENT		16B. DATE(S) OF TREATMENT
DIRECT DEPOSIT INFORMATION		
All federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 17A, 17B and 17C to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 17A. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street, Suite B, Muskogee OK 74401-7004 and give us a brief description of why you do not wish to participate in Direct Deposit.		
17A. ACCOUNT NUMBER (Please check the appropriate box and provide that account number, if applicable) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS (Please provide account number _____) <input type="checkbox"/> I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT		
17B. NAME OF FINANCIAL INSTITUTION		
17C. ROUTING OR TRANSIT NUMBER		
I/We, the undersigned, hereby authorize the hospital or physician shown in Items 14, 15A and 16A to disclose and release to the Department of Veterans Affairs any information that may have been obtained in connection with the physical examination or treatment of the child.		
18A. SIGNATURE(S) OF PARENT/GUARDIAN/ADULT CHILD		18B. DATE SIGNED
19A. SIGNATURE OF WITNESS (Required)		19B. DATE SIGNED
I/We, the undersigned, declare under penalty of perjury that the information provided is true and correct and that the child named in Item 1 is the natural child of the person(s) named in Item 7.		
20A. SIGNATURE OF CHILD (IF AN ADULT) OR PARENT OR GUARDIAN		20B. DATE SIGNED
21A. SIGNATURE OF VIETNAM VETERAN PARENT (IF AVAILABLE OR DIFFERENT)		21B. DATE SIGNED